

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Candidate signature (in ink)

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File with: City or Town Clerk or Election Commission	Please print or type all in	nformation, except sig	CLERK'S OFF matures STER, M	FICE IA
Fill in dates: Mont		Ending	Month Date	
Type of report: (Check one) ☐8th day preceding preliminary	□8th day preceding elect	ion □30 day after e	:lection □year-e	nd report □dissolut
Full Name of Candidate (i	te at Large listrict	JQ S IOU Name o	Committee Name of Committee Treasu ittee Mailing Addre	St
Line 1: Ending to Line 2: Total red Line 3: Subtotal Line 4: Total exp Line 5: Ending b	penditures this per alance (line 3 minus line) and contributions the outstanding liabiliti	ious report page 2, line 11) iod (page 3, line 14) ne 4) is period (page 4)	\$ 39.9 \$ \$	
Affidavit of Committee Treasurer: certify that I have examined this report including inance activity, including all contributions, loans, ampaign finance activity of all persons acting unde	receipts, expenditures, disburseme	nts, in-kind contributions and s committee in accordance w	d liabilities for this repor ith the requirements of M	ting period and represents the
FOR CANDII	DATE FILINGS ON	LY: (CANDIDATE MUS	T SIGN BELOW)	
Tidavit of Candidate: (check 1 box only) Candidate with Committee and no activity indertify that I have examined this report including at since activity, of all persons acting under the authorizations, incurred any liabilities nor made any excandidate without Committee OR Candidate writify that I have examined this report including att nee activity, including contributions, loans, receippaign finance activity of all persons acting under the second contributions.	tached schedules and it is, to the land or on behalf of this committee the penditures on my behalf during the or of the land o	e in accordance with the requise reporting period. eparate report est of my knowledge and bel n-kind contributions and liab ommittee in accordance with	uirements of M.G.L. c. 5 lief, a true and complete pilities for this reporting	statement of all campaign period and represents the

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on Date Received	Name and Residential Address	An	nount	Occupation & Employer (for contributions of \$200 or more
			,	
			-	
ne 9: Tot	al receipts in excess of \$50 (or listed above)			
ne 10: Tota	al receipts \$50 and under* (not listed above)			
	TAL RECEIPTS IN THE PERIOD			nter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

umber on eac Date Paid	*	Address	Purpose of Expenditure	Amou
	(dip iii)			
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				-
	in the second of			
			penditures over \$50	
		Line 13: Ex	penditures \$50 and under*	• •
T. 4	er on page 1, line 4		TAL EXPENDITURES	

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received	Residential Address Description of Contribution	Value
,			
		Line 15: In-kind over \$50	
:	•	Line 16: In-kind \$50 and under	
Er	nter on page 1, line 6	Line 17: Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date	To Whom Due	Address	Purpose	Amount	
Incurred					
			•	·	
	A				
Eı	nter on page 1, line 7	Line 18: OUTSTANDING L	JABILITIES (ALL)	,	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

2017 NOV 29 PM 1: 11

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File with: City or Town Clerk or Election Commission Please print or type all information, except sign	natures.	CLERK'S OF MINSTER. I	FICE MA
Fill in dates: Reporting Period Beginning Month Date Year Ending	Month	Date:	Year
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election ☐30 day after election	election	year-end report	□dissolution
Office Sought and District Office Sought and District Office Sought and District Name of 222 graves	ittee Mailing	Treasurer S	ene Cormi
SUMMARY BALANCE INFORMATI Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used	\$\$\$\$\$\$\$\$	eominster	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance w. Signed under the penalties of perjury: Treasurer's signature (in ink) FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUS	nd liabilities for vith the requirem	this reporting period nents of M.G.L. c. 55	and represents the
Affidavit of Candidate: (check I box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and be inance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requestributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filling separate report certify that I have examined this report including attached schedules and it is, to the best of my knowledge and be inance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and lia ampaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with Signed under the penalties of perjury:	pelief, a true and quirements of M elief, a true and abilities for this	I complete statement (.G.L. c. 55. I have r complete statement reporting period and	of all campaign

SCHEDULE A: RECEIPTS

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This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Received	Name and Residential Address	Am	ount	Occupation & Employer (for contributions of \$200 or more)
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		·		
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, .				
ine 9: Țo	otal receipts in excess of \$50 (or listed above)			
ine 10: To	tal receipts \$50 and under* (not listed above)			1 5-6 2
ne 11: TC	OTAL RECEIPTS IN THE PERIOD —	0-1	E	inter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized Page 2 above.

SCHEDULE B: EXPENDITURES

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This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

umber on each	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun
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	,			
	3			
ANT -				
			xpenditures over \$50	
	1	Line 13: Ex	ependitures \$50 and under*	
Ent	er on page 1, line 4		OTAL EXPENDITURES -	0+

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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, .		······································		
		<u> </u>		
		Line 15:	In-kind over \$50	
1		Line 16:	In-kind \$50 and under	
E	nter on page 1, line 6	Line 17:	Total In-kind	-0-

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

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Date	To Whom Due	Address	Purpose	Amount
Incurred				
÷				
	A			
E	Inter on page 1, line 7	Line 18: OUTSTANDING I	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

EILEEN GRIFFIN

2017 NOV 16 AM 9: 26

City or Tov	wn of:	Leomin	USTO	PR		OTTY CLERK'S	S OFFICE
Fill in Repo	orting Period dat	es: Beginni	ng Date:		Ending	g Date: \	
8th day	Report: (Check of preceding Control of the preceding Control of the preceding the prec	one) 8th day preceding	election	☐ 30th day fo (Town or S	llowing election		y of January End Report)
 I certify the I certify the and do not 	G.L., Chapter 55: at I am a candidate at I have not receiv have a campaign fi at I do not have a p		al Office.	expenditures, or in	ncurred any ob	ligations during this	reporting period,
DATE		NATURE penalties of perjury	ļ	ESIDENTIAL AL		III. OFFIC	E SOUGHT
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